

Borough of Franklin Lakes
Board of Health
480 DeKorte Drive
Franklin Lakes, NJ 07417
201-891-0048, Extension 5
Fax No. 201-891-0101

Application for a Cafeteria License

Name of the establishment _____

Address _____

Telephone number _____

Fax number _____

Name of company or partnership _____

If incorporated or partnership, list the owner's name(s) and telephone number(s) _____

If applicable, list the name of each manager _____

The annual license fees are as follows:

\$100.00 - school

\$350.00 - plant/office

Please note that the Franklin Lakes Health Department must be notified of all changes in the above stated information.

Signature of applicant _____

Date _____